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UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. 01-241-DIV
		First Inventor or Application Identifier YAZAKI et al.
Title		ELECTRICAL WIRING OF SEMICONDUCTOR DEVICE AND METHOD OF MANUFACTURING SEMICONDUCTOR DEVICE
		Express Mail Label No.
(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))		17 S. 60660 TO 09/16/03

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		Commissioner for Patents ADDRESS TO: Mail Stop Patent Application Arlington, VA 22202
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- | | |
|--|---|
| 1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing) | 5. <input type="checkbox"/> Microfiche Computer Program (Appendix) |
| 2. <input checked="" type="checkbox"/> Specification [Total Pages 27] | 6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary) |
| -Descriptive title of the Invention | |
| -Cross Reference to Related Applications | |
| -Background of the Invention | |
| -Summary of the Invention | |
| -Brief Description of the Drawings | |
| -Detailed Description of the Preferred Embodiment | |
| -Claims | |
| -Abstract of the Disclosure | |
| 3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 6] | 7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) |
| 4. Oath or Declaration [Total Sheets 4] | 8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (when there is an assignee) <input checked="" type="checkbox"/> Power of Attorney |
| a. <input type="checkbox"/> Newly executed (original or copy) | 9. <input type="checkbox"/> English Translation Document (if applicable) |
| b. <input checked="" type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63 (d))
(for continuation/divisional with Box 16 completed) | 10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations |
| i. <input type="checkbox"/> DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b). | 11. <input checked="" type="checkbox"/> Preliminary Amendment |
| | 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)
(should be specifically itemized) |
| | *Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, Status still proper and desired |
| | 13. <input type="checkbox"/> Certified Copy of Priority Document(s)
(if foreign priority is claimed) |
| | 14. <input type="checkbox"/> Other: |
| | 15. <input type="checkbox"/> |

NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28)

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

Continuation Divisional Continuation-in-part (CIP)

of prior application No: 10/022,222

Prior application information: Examiner: ALCALA, Jose H

Group/Art Unit: 2827

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label	23400 (Insert Customer No. or Attach bar code label here)	<input type="checkbox"/> Correspondence address below
Name		
Address		
City	State	Zip Code
Country	Telephone (703) 707-9110	Fax (703) 707-9112

Name (Print/type)	DAVID G. POSZ	Registration No. (Attorney/Agent)	37,701
Signature			Date September 16, 2003

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Arlington, VA 22202. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Alexandria, VA 22313-1450.

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FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 750)

Complete if Known

Application Number	
Filing Date	September 16, 2003
First Named Inventor	YAZAKI et al.
Examiner Name	
Group/Art Unit	

Attorney Docket No. 01-241-DIV

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number

50-1147

Deposit Account Name

POSZ & BETHARDS, PLC

 Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

2. Payment Enclosed:

 Check Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1001	750	2001	375
1002	330	2002	165
1003	520	2003	260
1004	750	2004	375
1005	160	2005	80
SUBTOTAL (1)		(\$ 750)	

2. EXTRA CLAIM FEES

Extra Claims	Fee from Below	Fee Paid
10 -20**= 0	x 18 = 0	
1 - 3**= 0	x 84 = 0	

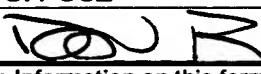
**or number previously paid, if greater; For Reissues, see below

Large Entity	Small Entity	Fee Description
Fee Code	Fee (\$)	Fee Code (\$)
1202	18	2202
1201	84	2201
1203	280	2203
1204	84	2204
1205	18	2205
SUBTOTAL (2)		(\$ 0)

3. ADDITIONAL FEES			
Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code (\$)	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	410	2252	205
1253	930	2253	460
1254	1450	2254	725
1255	1970	2255	985
1401	320	2401	160
1402	320	2402	160
1403	280	2403	140
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,300	2453	650
1501	1300	2501	650
1502	470	2502	235
1503	630	2503	315
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	750	2809	375
1810	750	2810	375
Other fee (specify) _____		SUBTOTAL (3) (\$ 0)	
Other fee (specify) _____		*Reduced by Basic Filing Fee Paid	

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	DAVID G. POSZ	Registration No. (Attorney/Agent)	37,701	Telephone	(703) 707-9110
Signature				Date	9-16-03

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